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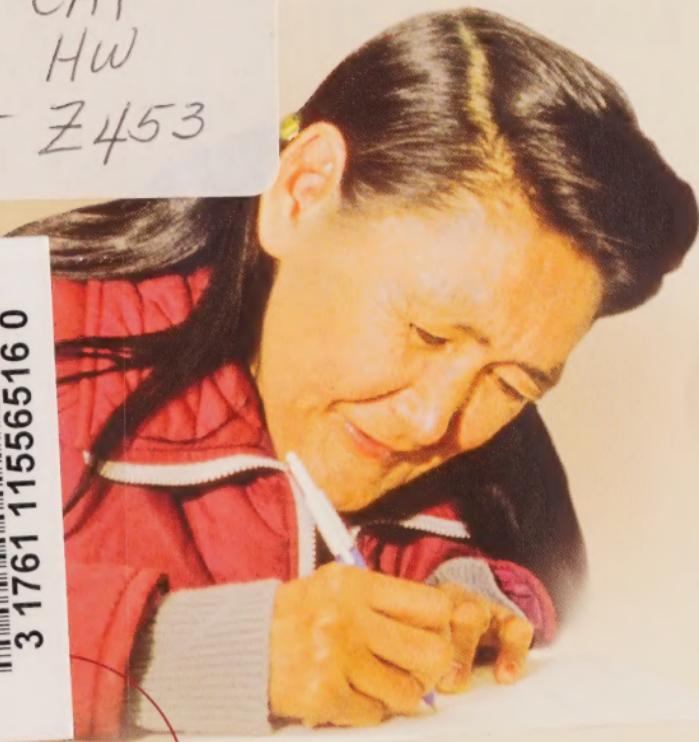
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NON-INSURED HEALTH BENEFITS PROGRAM

INFORMED CONSENT IT'S YOUR RIGHT

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Consent Pamphlet
and Consent Form

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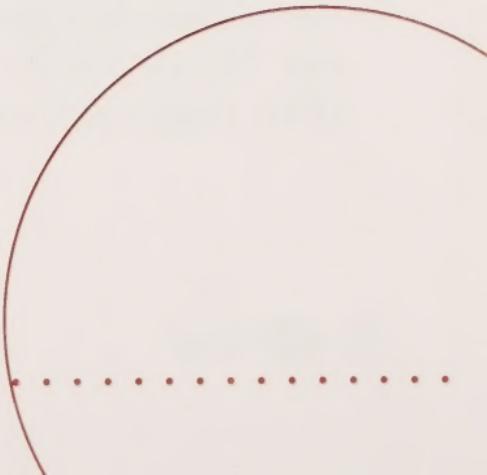
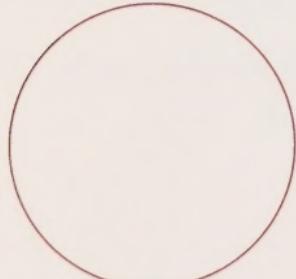
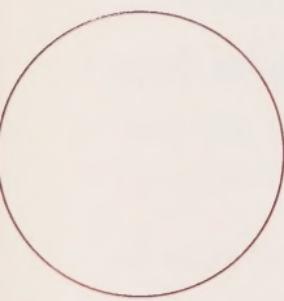


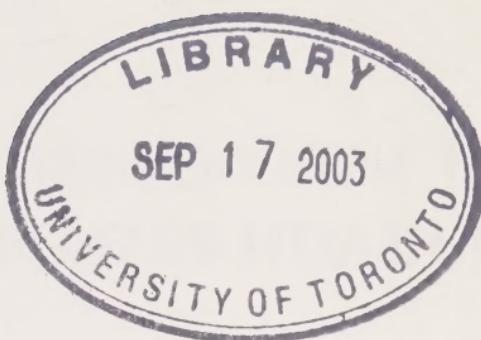
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FIRST NATIONS AND INUIT HEALTH BRANCH

NON-INSURED HEALTH BENEFITS PROGRAM

**Consent Pamphlet
and Consent Form**





Our mission is to help the people of Canada maintain and improve their health.

Health Canada

Publication authorized by the Minister of Health Canada

This publication can be made available in alternative formats upon request.

For additional copies, please contact:
NIHB Consent Information Centre
Tel: 1-888-751-5011

This publication is also available on the Internet at the following address:

www.healthcanada.ca/nihb-consent

Ce document est aussi offert en français sous le titre : *Programme des services de santé non assurés — Brochure sur le consentement et formulaire connexe*

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In September 2002, the Non-Insured Health Benefits (NIHB) Program began a process to seek the consent of eligible First Nations and Inuit who access the medically required health care benefits provided under the NIHB Program.

In most cases, private insurance plans and other government plans have consent or legislation for the collection, use and disclosure of personal information.

Health Canada collects, uses and discloses your personal information for the administration, delivery and management of the NIHB Program only. This is done according to the federal *Privacy Act* which applies to Health Canada.

It is important for you to know why the program needs your consent.

Providing consent will not affect any Aboriginal or Treaty rights or any rights under land claim agreements.

This pamphlet explains:

- why your consent is required for Health Canada to collect, use and disclose your information
- what information is collected
- how the information is collected, used, protected and disclosed

THE NON-INSURED HEALTH BENEFITS (NIHB) PROGRAM

The NIHB Program is a national health benefit program. The program covers the cost of medically required benefits, items and services for eligible First Nations and Inuit when they are not covered by federal, provincial, territorial, or other third party plans. The provision of these benefits is aimed at responding to health needs, and assisting in improving health status. The benefits provided include:

- Drugs
- Medical Transportation
- Dental
- Medical Supplies and Equipment
- Vision
- Crisis Intervention Counselling
- Provincial health care premiums, where applicable

YOU CAN EXPECT YOUR PRIVACY TO BE PROTECTED

Health Canada recognizes its responsibility to protect your personal information. When a request for benefits is received, Health Canada will collect, use and disclose your personal information according to applicable laws. This allows the NIHB Program to confirm the need for benefits and to pay for the benefits which you receive.

RIGHT TO THE PROTECTION OF YOUR PERSONAL INFORMATION

You have the right to know what information is collected, how the information is obtained, how it is used, who it is shared with, and for what purpose.

Personal information under the control of Health Canada is managed according to the federal *Privacy Act*. You may request access to it as well as request corrections or notations as provided by the federal *Privacy Act*.

The *Privacy Act* has two purposes:

- to protect the privacy of personal information, that is information recorded in any form that would identify an individual
- to provide individuals with a right of access to that information

Sections 4 to 8 of the *Privacy Act* contain a “code of fair information practices” which are based on the general principle that every individual has the right to know:

- what information is being collected about him/her
- how the information will be used and to whom it will be disclosed
- when and how the information will be disposed of
- how to get access to and/or correct any personal information that is on file

The collection of personal information should be limited to the details directly related to what it is needed for to operate its programs or activities.

Personal information will not be collected, used or disclosed by Health Canada for other purposes unless you give your consent, or as authorized or required by law.

You can find information on the federal *Privacy Act* by accessing the Government of Canada website,

<http://laws.justice.gc.ca/en/P-21/index.html>, by visiting a library, or by buying a copy of the document from a government bookstore.

The completed Consent Form containing personal information will be assigned Personal Information Bank Numbers HCan PPU 016 and HCan PPU 017.

HOW YOUR PERSONAL INFORMATION IS PROTECTED

The information collected by the NIHB Program is used only to support the provision of non-insured health benefits under the program and is protected as required by law. This means that only those persons authorized by Health Canada to review your personal information for the purpose of processing your claims, managing the benefits or paying your claims will be able to access your records.

Subject to the *Access to Information Act* and confidentiality provisions in contracts, you are entitled to review agreements that Health Canada has with its services providers to ensure that your personal information is properly protected.

WHO HAS ACCESS TO YOUR PERSONAL INFORMATION

Health Canada requires that your confidentiality be maintained by:

- Health Canada or its agents/contractors
- claims administrators/processors
- prescribers
- health care professionals and their licensing bodies to conduct an investigation following a complaint of misconduct on the part of the professional
- eligible service providers
- First Nations and Inuit organizations under administrative agreements who are providing non-insured health benefits

WHY YOUR CONSENT IS REQUIRED

The NIHB Program requires client consent in order to meet federal privacy requirements. Consent provides the NIHB Program with the ability to better target benefits, reduce the abuse and misuse of benefits by sharing information with prescribers, providers and clients and to manage the program.

DO OTHER HEALTH PLANS HAVE THE SAME REQUIREMENT FOR CONSENT AS THE NIHB PROGRAM?

Yes, consent is a requirement for all health plans. Consent is also used to access such things as hospitals, out of country health care coverage, and when purchasing employee/private health benefit plans.

WHAT IS COLLECTED

Health Canada is collecting your personal information, including health, health related and claims processing information.

The information that is collected includes:

- your name
- date of birth
- identification number (status/treaty, 9 or 10 digit number) or band name and family number, or “N” or “B” number, or other health care number
- address
- phone number
- names of children and legal dependents (e.g., children under the age of 18 and/or, incapacitated (mentally incompetent) persons for which you are responsible)
- past and current treatment
- information on your medical/dental condition
- laboratory results (only when required)
- other health information when needed to support your health needs
- existing information about your previous claims

HOW YOUR PERSONAL INFORMATION MAY BE COLLECTED

The NIHB Program only collects information about you that is directly related to the administration, delivery and management of your benefits under the program. The information may be provided by you, or on your behalf when claims are submitted to the program by your prescribers

Last Name _____

First Nam _____



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CANADA

Postage paid

if mailed in Canada

Business Reply Mail

Port payé

si posté au Canada

Correspondance-

réponse d'affaires

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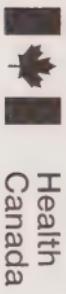
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OTTAWA ON K1A 9Z9

Month/Year)



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Canada

**PART B:
CONSENT BY PARENT, OR GUARDIAN
TO ACT ON BEHALF OF A CHILD
(MENTALLY INCOMPETENT) OR PERSON
HAVING A LEGALLY RECOGNIZED
MENTAL DISABILITY**

Please provide the following information

Last Name

First Name

Identification Number
(treaty/status 9 or 10 digit number)

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FIRST NATIONS & INUIT HEALTH BRANCH
NIHB CONSENT INFORMATION CENTRE
ROOM 1913A PL 1919A
120 PARKDALE AVE
OTTAWA ON K1A 9Z9

**HEALTH CANADA
HEALTH BRANCH
NIHB) PROGRAM
CONSENT FORM**

**ED AUTHORITY
J INCAPACITATED
IAN OR PERSON**

Month/Year

Health care number

and health care/service professionals/providers such as:

- doctors
- pharmacists
- nurses
- dentists
- registered psychologists
- registered social workers
- vision care providers
- medical supply and equipment specialists

HOW HEALTH CANADA USES YOUR PERSONAL INFORMATION

When you need to access a health benefit under the NIHB Program, your claims are reviewed only by persons authorized by Health Canada. This is to ensure you receive the benefits according to the program guidelines.

Your personal information is used for activities directly related to the administration, delivery and management of the NIHB Program such as:

- confirming/verifying eligibility for non-insured health benefits based on individual need
- processing claims and payments to approved health care providers
- drug utilization reviews
- audits (providers and internal) and verifications
- appeals processing
- providing statistical information (benefit utilization)
- ensuring use complies with program directives

- internal use for program management, including statistics, planning and evaluation
- verifying and supplementing information with other sources such as doctors, pharmacists, dental providers, and other health care professionals whom you have gone to for assessment
- informing you of any changes to the program or changes to eligible service providers

WILL YOUR PERSONAL INFORMATION BE DISCLOSED OR SHARED?

In serving your NIHB needs, Health Canada may disclose and share your information as authorized or required by law. This means:

- information may be provided to the contractor who administers the claims system for payment and audit purposes
- information may be exchanged with goods and services providers to verify that you are eligible for benefits under the program
- information may be exchanged with provincial or territorial registered practitioners, pharmacists and their health professional licensing bodies. This information exchange will ensure that the benefits provided are medically necessary and comply with program policies
- information may be exchanged with provincial or territorial health facilities, Indian and Northern Affairs Canada (INAC), medical insurance plans, and federal, provincial, territorial or municipal public assistance plans to verify your eligibility under the program and to compile statistics specific to the program

- information may be transferred between Health Canada and First Nations or Inuit organizations who are providing non-insured health benefits according to the NIHB Program

HOW LONG YOUR PERSONAL INFORMATION WILL BE KEPT

Health Canada will keep and access your personal information only as described in the Consent Pamphlet and Consent Form. Health Canada policy requires that the information be kept for seven (7) years unless otherwise required by law.

When the period of retention is up or has expired, Health Canada has procedures to destroy the information as required by law. The information collected is or will be destroyed according to the federal *National Archives of Canada Act*.

FIRST NATIONS AND INUIT ADMINISTRATIVE ARRANGEMENTS

This consent covers the transfer of personal information between Health Canada and First Nations or Inuit organizations that are providing non-insured health benefits according to the NIHB Program. Your consent authorizes these First Nations and Inuit organizations to collect, use and disclose your personal information to authorized individuals for the purposes directly related to the administration, delivery and management of the NIHB Program. Health Canada retains control over the personal information.

IF YOU HAVE NOT PROVIDED OR WISH TO WITHDRAW YOUR CONSENT

If you have not provided or wish to withdraw your consent, you have the option of paying for eligible non-insured health benefits.

You will need to complete a NIHB Client Reimbursement Request Form and submit all original receipts and any required documents to Health Canada or to a First Nations or Inuit organization who is providing non-insured health benefits.

You may withdraw your consent at any time by notifying Health Canada in writing.

To withdraw your consent you must write to the NIHB Consent Information Centre at the address on the back of this pamphlet. Your letter needs to include your:

- legal name
- date of birth
- identification number
(treaty/status, 9 or 10 digit number) or
band name and family number
- address
- telephone number
- signature

You will receive written confirmation that your consent has been withdrawn.

If at a later date you decide to provide your consent, a new Consent Form will need to be completed.

HOW TO COMPLETE THE ATTACHED CONSENT FORM

Once you have read the information provided in this pamphlet, carefully complete Part A and/or Part B of the attached Consent Form. Please use an ink pen and print clearly.

Part A:

If you are age 18 years or over, complete Part A of the Consent Form by providing your:

- last, first and middle name
- date of birth in numbers:
DAY (21), MONTH (01), YEAR (1954)
- identification number (treaty/status, 9 or 10 digit number) or band name and family number, or "N" or "B" number, or other health care number
- mailing address
- telephone number

Part B:

If you are the legal parent or guardian or person having a legally recognized authority to act (e.g., by law, court decision, valid written agreement or customary adoption) on behalf of a child under the age of 18 years and/or of an incapacitated (mentally incompetent) person who resides with you, complete Part B or dependents section of the Consent Form by providing the child's and/or incapacitated person's:

- last, first and middle name
- date of birth in numbers:
DAY, MONTH, YEAR

- identification number (treaty/status, 9 or 10 digit number) or band name and family number, or “N” or “B” number, or other health care number
- name, address, telephone number of the parent or guardian or person having a legally recognized authority to act and relationship to the children/incapacitated persons

Part B has room to provide information for up to five (5) children or dependents. If you require more space, attach a separate sheet of paper, provide information in the same format as the ‘form’ and sign it.

At the bottom of Part A and/or Part B of the form:

- sign your name
- write in the date
- if a parent or guardian or person having a legally recognized authority to act is signing on behalf of a dependent under Part B, that person will need to provide his or her full name, address and telephone number
- if someone has provided you with a verbal translation that person will need to complete the information box for translators

When you have completed the Consent Form for yourself and all dependents, place the form in the self-addressed stamped envelope provided. No postage is required.

NIHB CONSENT INFORMATION CENTRE TOLL-FREE SERVICE

If you need help to complete the Consent Form, or if you have any questions, please feel free to call the NIHB Consent Information Centre at:

Toll-free 1-888-751-5011
Ottawa (local calls) (613) 946-4400

If you have access to a computer and wish to send an electronic message, log on to the Health Canada - Consent website at
www.healthcanada.ca/nihb-consent

To contact the NIHB Consent Information Centre by mail, send your letter to:

First Nations and Inuit Health Branch
Non-Insured Health Benefits Directorate
NIHB Consent Information Centre
Room 1913A, Postal Locator 1919A
Jeanne Mance Building
Tunney's Pasture
Ottawa, Ontario K1A OK9

